



MANAAKITIA Ā TĀTOU TAMARIKI

**Children's  
Commissioner**

## **Regional Rangatahi Adolescent Inpatient Service**

OPCAT Monitoring Follow Up Report

Visit Date: March 2023

Report Date: June 2023

# **Kia kuru pounamu te rongō**

## All mokopuna\* live their best lives

\*Drawing from the wisdom of Te Ao Māori, we have adopted the term mokopuna to describe all children and young people we advocate for, aged under 18 years of age in Aotearoa New Zealand. This acknowledges the special status held by mokopuna in their families, whānau, hapū and iwi and reflects that in all we do. Referring to the people we advocate for as mokopuna draws them closer to us and reminds us that who they are, and where they come from matters for their identity, belonging and wellbeing, at every stage of their lives.

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# Executive Summary

## The role of OCC

The Children's Commissioner is a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT is contained in the Crimes of Torture Act (1989). My role as a NPM is to visit places of detention to:

1. Examine the conditions and treatment of mokopuna
2. Identify any improvements required or problems needing to be addressed
3. Make recommendations aimed at strengthening protections, improving treatment and conditions, and preventing ill treatment.

Judge Frances Eivers  
Ngāti Maniapoto, Waikato  
Children's Commissioner

## About this visit

OCC staff conducted an unannounced visit to Regional Rangatahi Adolescent Inpatient Service (Rangatahi) as part of a follow-up visit work programme. The follow-up visit assesses progress against the recommendations made as part of the previous full monitoring report. The last full visit to Rangatahi was in December 2021.

## About this report

The report outlines the progress made against the recommendations since the last full visit in December 2021. The report also highlights issues identified by the Office of the Children's Commissioner during the follow-up visit.

## About this facility

**Facility Name:** Regional Rangatahi Adolescent Inpatient Service Unit

**Region:** Mid Central, Hawkes Bay, Wellington, Hutt, Whanganui, Wairarapa

**Operating capacity:** 12 beds, plus one seclusion room and one de-escalation area.

### **Status under which mokopuna are detained:**

At the time of our visit, there were 10 mokopuna at Rangatahi Unit. Four are detained under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (MHA) and six were informal inpatients<sup>1</sup>.

<sup>1</sup> Being a voluntary patient means they agree to have treatment for their illness, they have the right to stop that treatment, and, if they are being treated in hospital, they have the right to leave at any time. (cab.org.nz) Voluntary patients are sometimes called Informal inpatients.

## Concluding Observations from the United Nations Committee on the Rights of the Child (2023)

In February 2023, the United Nations Committee on the Rights of the Child ('the UN Committee') released its Concluding Observations<sup>2</sup> for New Zealand's sixth periodic review on its implementation of the Children's Convention<sup>3</sup> and how the Government is protecting and advancing the rights of mokopuna in Aotearoa New Zealand.

It is also worth noting that the Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities in 2022<sup>4</sup> asked state parties to take immediate action to eliminate the use of solitary confinement, seclusion, physical and chemical restraints and other restrictive practices in places of detention.<sup>5</sup>

The recommendations from the Concluding Observations inform the key findings and references to specific recommendations are made throughout the body of this report.

The Children's Commissioner will continue to monitor progress and work with Te Whatu Ora (and other relevant agencies) to ensure these recommendations, among others, are addressed.

### Key Findings

OCC found no evidence that mokopuna had been subjected to torture, cruel, degrading treatment, or punishment.

OCC report the following as key findings from the visit:

- Staffing issues are at a critical level and need immediate attention.
- Mokopuna have good relationships with staff, who apply a cohesive approach in supporting mokopuna on the journey to wellness.
- Mokopuna and their whānau require improved mental health community placement supports to enable mokopuna to transition back to community.
- Staff and mokopuna said the unit tikanga provides a sense of safety when mokopuna are acutely unwell and there are severe staffing issues.
- Staff expressed being burnt out when consistently fulfilling needs outside of the scope of their role. This is impacting on staff wellbeing.
- Because of the lack of community support not all mokopuna meet the threshold for admission into a secure facility.

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<sup>2</sup> Refer CRC/C/NZL/CO/6. To see the Children's Commissioner report to the UN Committee, see: [NZ Children's Commissioner's Report to the UN Committee on the Rights of the Child - 2022 | Office of the Children's Commissioner \(occ.org.nz\)](#)

<sup>3</sup> [Convention on the Rights of the Child | OHCHR](#)

<sup>4</sup> CRPD/C/NZL/CO/2-3

<sup>5</sup> CRPD/C/NZL/CO/2-3 Para 30

## Recommendations from previous 2021 Full Visit report<sup>6</sup>

### Systemic Recommendations

1	Refurbish Rangimarie urgently to protect mokopuna privacy and dignity.
2	Limit the number of beds to meet safe occupancy levels until fully staffed.
3	Address unsafe staffing levels urgently.
4	Develop a recruitment strategy for nursing staff, with emphasis on attracting more males and Māori staff.
5	Update policy to ensure informal <sup>7</sup> mokopuna have access to the same protections as those under compulsory treatment.

### Facility Recommendations

1	Address the high and increasing use of seclusion and restraint.
2	Provide Safe Practice Effective Communication (SPEC) training to all staff. Ensure all staff are up to date with this training.
3	Reduce the use of cardboard potties.
4	Evidence in case files that all mokopuna sign a consent to treatment form.
5	Review the consent process and documentation standards for informal mokopuna, including consent to remain on a locked unit.
6	Record in case files any instances where informal mokopuna are prevented from leaving the unit as environmental restraint.

<sup>6</sup> [Regional Rangatahi Adolescent Inpatient Service Report January 2022 | Office of the Children's Commissioner \(occ.org.nz\)](#)

<sup>7</sup> Informal is when mokopuna have agreed to receive treatment voluntarily and have the right to suspend that treatment or leave the unit at any time.

## Progress on previous 2021 recommendations

Progress on the facility recommendations from the OPCAT report dated December 2021 are assessed to have made good, limited, or no progress.

## Systemic Recommendations

**Recommendation 1:** Refurbish Rangimarie urgently to protect mokopuna privacy and dignity.

**Progress:** **Limited progress.** This work has been identified as systemic and is being led at a Te Whatu Ora (national) level.

OCC was unable to enter the Rangimarie unit (the safe care area with the seclusion room) due to the acuity<sup>8</sup> of the mokopuna in seclusion<sup>9</sup>. However, when the Rangimarie door was open, the public road was still visible through the enclosed outside area. The public can still see mokopuna when they are in this area, and little has been done to protect mokopuna privacy.

Staff reported the space has been painted, and has new soft furnishings, but most believe the area is still unsuitable for mokopuna who are acutely unwell.

All staff knew about the proposed changes that Te Whatu Ora - Health New Zealand (Te Whatu Ora)<sup>10</sup> have suggested for Rangatahi. A proposal has been submitted and is awaiting sign-off from senior leadership. Staff said that Te Whatu Ora did consult them for re-design options.

Anticipated changes and outcomes for Rangimarie include:

- an area that is more therapeutic and conducive to recovery. The focus is on modernising the environment to be more mokopuna friendly, providing more access to outside spaces, and increasing access to de-escalation and sensory areas across the unit.
- to be more whānau friendly.
- to increase the opportunity for self-soothing and coping strategies to support the reduction of restraint and seclusion.
- ensuring patient privacy whilst in Rangamarie.

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<sup>8</sup> Acuity in mental health spaces is the severity of a mental illness, which requires more intensive and skilled care and support. [High Acuity Definition | Charlie Health](#)

<sup>9</sup> Seclusion is the practice of placing a person experiencing mental distress in involuntary confinement alone in a room from which they are prevented from leaving. It is traumatic and harmful for the person, their whānau, visitors and health workers alike. [What is seclusion in mental health](#)

<sup>10</sup> **Te Whatu Ora** - Health New Zealand is building a future health system that will support all New Zealanders to live better and longer. <https://www.tewhatauora.govt.nz/>

OCC will re-assess the progress of this recommendation at the next monitoring visit. The Children's Commissioner believes Te Whatu Ora must urgently implement temporary measures for addressing the privacy issue whilst mokopuna are in Rangimarie that still allows access to the outside.

**Recommendation 2:** Limit the number of beds to meet safe occupancy levels until fully staffed.

**Progress: Limited progress.** This work has been identified as systemic and is being led at a Te Whatu Ora (national) level.

Te Whatu Ora believe they have implemented changes to support safety in the unit until Rangatahi is fully staffed. An example of this is the establishment of the VIS Escalation process<sup>11</sup>.

The facility senior leadership group report that Te Whatu Ora are more thoroughly assess risk when mokopuna are admitted to the unit and duty managers communicate directly with Rangatahi staff to assess how new admissions may affect unit dynamics for existing mokopuna. This includes a risk and mitigation strategy around staffing capacity – especially for weekend admissions when staff say there are increased pressures from community services to admit mokopuna to secure facilities.

OCC would like to see a continuation of good communications between Te Whatu Ora and Rangatahi staff to ensure safe staff to mokopuna ratios.

**Recommendation 3:** Address unsafe staffing levels urgently.

**Progress: Limited Progress.** This work has been identified as systemic and is being led at a Te Whatu Ora (national) level.

The staffing levels at Rangatahi Unit are at a critical level. At the time of the visit there were 22FTE vacancies – an increase from 6.8FTE vacancies at the 2021 visit. Staff spoke about the current chronic understaffing and how it perpetuates an on-going and relentless cycle of pressure upon all staff at all levels. The Children's Commissioner is concerned that low staff numbers is impacting on the care and wellbeing of mokopuna.

Concerns voiced by staff include:

- Issues with staff recruitment and retention mean that there are varying levels of expertise working in the unit.

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<sup>11</sup> VIS is a color-coded system to identify staffing issues and risks associated with high admissions. This system can support a Clinician declining an admission. Implications of the system is that mokopuna who are declined by the Rangatahi Unit may instead end up held in police cells or adult inpatient acute wards, therefore declines are rare.

- Small numbers of senior staff are having to hold the unit together covering all areas of unit operations. Senior staff are therefore overworked and are reporting high staff burn-out and increased illness.
- The leadership team are working double shifts to ensure staff cover. This has a knock-on effect by taking leadership staff away from completing key strategic activities as per their roles.
- Allied Health staff<sup>12</sup> are needing to pick up designated nursing tasks due to a nursing shortage for the unit.
- Security guards are being employed to bolster staffing numbers.<sup>13</sup>
- Increased use of casual pool staff which is contributing to a lack of team morale and collegial rapport.

The impact staffing numbers have on mokopuna care is severe. Impacts on care include delays in assessments, delays in reports that inform transition from the unit, accompanied leave for mokopuna from the unit being cancelled, and a lack of timely transition out of seclusion. Staff said that with a lack of capable senior staff, the pressure goes on those less experienced to perform and there is a higher chance of errors occurring<sup>14</sup>.

OCC acknowledge the efforts of Rangatahi and Te Whatu Ora in trying to address the staffing shortages. It is imperative that Rangatahi operates with safe staffing numbers to ensure that mokopuna health, safety and well-being is prioritised and kept central to decision making<sup>15</sup>.

**Recommendation 4:** Develop a recruitment strategy for nursing staff, with emphasis on attracting more males and Māori staff.

**Progress: Limited progress.** This work has been identified as systemic and is being led at a Te Whatu Ora (national) level.

Staff said they did not know the national recruitment strategy, however, are aware of the efforts by Rangatahi senior management in proactively seeking opportunities to recruit.

The senior leadership team did outline their current recruitment drive that included:

- targeting graduates at the local polytechnic to showcase employment opportunities for the facility. Unit staff reported that interviews are happening regularly with interviews taking place at the time of the visit.

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<sup>12</sup> Allied health professionals are qualified health practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses.

<sup>13</sup> Security guards do not physically engage with mokopuna which includes restraint practice

<sup>14</sup> Data reviewed over the last three months detailed twelve reportable events involving safe staffing levels. The majority of these events happened in March 2023.

<sup>15</sup> Te Tiriti o Waitangi – Article 2

- more NESP<sup>16</sup> professionals joining the unit which has been helpful for permanent staff. OCC heard the NESP programme run by Te Whatu Ora has had increased funding with 40 new professionals now under the programme.<sup>17</sup>

Staff said the security guards are mostly male and/or from a diverse cultural background.

Some senior staff have been practical in advocating in areas where Pasifika and Māori can be supported into and within the sector such as.

- Establishing a Pacific leadership meeting, focusing on what can be done to support pasifika mental health staff to develop and build leadership opportunities and skills.
- Establishing a Pacific Mental Health nurses forum
- Maintaining the established Pacific cultural supervision.
- Engaging in Te Ao Māramatanga (New Zealand College of Mental Health nurses) to identify pathways for recruitment of Pasifika and Māori

**Recommendation 5:** Update policy to ensure informal mokopuna have access to the same protections as those under compulsory treatment.

**Progress: Good progress. Complete.**

The rights and protections for mokopuna being detained in an acute inpatient unit as an informal patient<sup>18</sup> in New Zealand are upheld under the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 (The Code).<sup>19</sup>

In Rangatahi Unit, OCC understand these mokopuna to be known as voluntary patients and most signed a form that acknowledged they consent to care in a locked acute inpatient ward. OCC believes The Code and NZBOR<sup>20</sup>, outlines mokopuna rights and protections well and that supporting policy is appropriate. The recommendation is therefore complete.

The Children's Commissioner is concerned at how these rights are operationalised. The Code Right 1 s(3)(b) speaks to how the health provider must support mokopuna to exercise their rights. However, staffing challenges are providing barriers for mokopuna. An example of the rights breach is when voluntary patients are denied accompanied leave from the unit due to

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<sup>16</sup> Allied Health professionals who are 'New Entry to Specialist Practice'. A programme run by Te Whatu Ora to support professionals new to Mental Health, Addiction and Intellectual Disability Service (MHAIDS) to develop their professional practice while developing the specific skills required for the specialty field.

<sup>17</sup> This factsheet outlines nurse's duty-of-care obligations [LinkClick.aspx \(nzno.org.nz\)](https://www.nzno.org.nz)

<sup>18</sup> Being a voluntary patient means they agree to have treatment for their illness, they have the right to stop that treatment, and, if they are being treated in hospital, they have the right to leave at any time. Voluntary patients are sometimes called voluntary patients (cab.org.nz)

<sup>19</sup> <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

<sup>20</sup> <https://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html>

staff shortages. OCC also note that not all informal mokopuna have signed consent forms consenting to acute inpatient treatment. OCC accept that mokopuna may not be able to consent on admission due to their mental health distress, however this should be followed up at the next available opportunity.

## Facility Recommendations

**Recommendation 1:** Address the high and increasing use of seclusion and restraint.

**Progress:** **Good Progress.**

Staff told OCC that Rangimarie<sup>21</sup> usage has reduced significantly<sup>22</sup>, as did the use of seclusion<sup>23</sup> and restraints. However, some mokopuna are experiencing longer lengths of time in seclusion. Staff said the low staffing numbers impact on seclusion room entry and the capacity to facilitate transitions for mokopuna out of seclusion. Staff said this is unacceptable and negatively impacts on the care of mokopuna and impinges on their rights under the mental health guidelines.<sup>24</sup>

Staff did explain that when numbers of mokopuna on the unit are low, staff can engage more with mokopuna to learn individual strategies and identify risk factors to reduce elevated behaviour and therefore manaaki mokopuna during times of distress.

Alternative approaches are also being promoted when mokopuna are heightened. These include:

- recognising the warning signals for escalating behaviour
- giving mokopuna space to self-regulate
- use sensory modulation, well-being and mindfulness mahi (when the number of mokopuna on the unit is low)
- the presence of kaumatua on the unit - staff acknowledge the cultural input and tikanga established by kaumatua as having a calming effect and promotes a positive mauri for the unit.

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<sup>21</sup> Secure environment for acutely distressed mokopuna

<sup>22</sup> Citing recent seclusion data from Rangatahi Unit (April 2022 – March 2023) compared to earlier data (July – Dec 21)

<sup>23</sup> Ngā Paerewa defines seclusion as 'a type of restraint where a person is placed alone in a room or area, at any time and for any duration, from which they cannot freely exit'

<sup>24</sup> "It is now recognised that seclusion and restraint have no therapeutic benefit, and in fact can be harmful and traumatic to tāngata whaiora, their whānau and staff in mental health inpatient units." [Guidelines for reducing and eliminating seclusion and restraint under the Mental Health \(Compulsory Assessment and Treatment\) Act 1992 | Ministry of Health NZ](#)

The Children's Commissioner supports the recruitment of experienced staff to the Rangatahi Unit. It is imperative that practice is consistent and mokopuna are supported to de-escalate in ways that are meaningful to them.<sup>25</sup>

**Recommendation 2:** Provide Safe Practice Effective Communication (SPEC) training to all staff. Ensure all staff are up to date with this training.

**Progress: No progress.**

Mental Health Support workers and all permanent staff who are involved in mokopuna restraints should be trained in SPEC. Staff told OCC that there has been an inability to co-ordinate regular attendance for SPEC training and the not all staff complete their refresher courses within the required timeframes.

The reason given for this is the lack of ability to back-fill staff floor coverage of the unit for staff attending the refresher courses and/or the four day training.

The Children's Commissioner is concerned that SPEC training is not up to date. Serious harm can occur for mokopuna if restraint holds are not completed according to prescribed guidance. Mokopuna have the right to be treated with dignity, respect and mana.

**Recommendation 3:** Reduce the use of cardboard potties.

**Progress: Good progress**

Staff said that the use of the cardboard potty (cowboy hat) has been reduced and only used when necessary. Staff said cardboard potties are used when mokopuna present acutely high levels of risk and the unit design means that potties need to be used as staff cannot monitor or watch mokopuna safely if in the bathroom.

The re-design and refurbishment of the Rangatahi Unit, with a specific focus on a re-design of Rangimarie, will allow mokopuna to access a bathroom freely and safely. OCC look forward to seeing progress in this area at the next visit.

**Recommendation 4:** Evidence in case files that all mokopuna sign a consent to treatment form.

**Progress: Good Progress.**

Mokopuna profile documentation shows that most mokopuna have signed an informed consent form. The signed consent form includes mokopuna agreement to being detained in

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<sup>25</sup> Acknowledging mokopuna as taonga and Rangatira in their journey towards well-being. Article 2 Te Tiriti o Waitangi

a locked unit as well as consent to other specific treatments regarding their wellness plan. OCC accepts that not all mokopuna are in a position to give their informed consent on arrival. However, in most cases, staff do follow this up with mokopuna when they are able take in the information presented to them.

**Recommendation 5:** Review the consent process and documentation standards for informal<sup>26</sup> mokopuna, including consent to remain on a locked unit.

**Progress: Good Progress. Complete**

The practice of gaining mokopuna consent has improved and forms for mokopuna consent have changed to reflect consent to being on a locked ward. OCC reviewed mokopuna consent forms and most were signed with consent to be in a secure environment. The forms also contained mokopuna consent to participate in their treatment as per their care plans. Staff believed informed consent has a direct correlation to mokopuna being settled on the ward.

A mokopuna being held as voluntary patients spoke with OCC stating they remember signing the consent form on admission and being told their rights while living in the unit. They were also told why they need to stay. Mokopuna said they felt safe.

OCC are pleased to sight the signed and informed consent documentation and to hear from mokopuna about their experiences giving their consent. OCC consider this recommendation complete.

**Recommendation 6:** Record in case files any instances where informal mokopuna are prevented from leaving the unit as environmental restraint.

**Progress: Good Progress.**

OCC sighted documentation that detailed mokopuna rights, they consented to treatment and acknowledges mokopuna consent to being detained in a locked unit for the period of their unwellness or until they are discharged.

OCC believe that mokopuna signing a consent form stating that they understand that they are detained in a locked unit mitigates the prospect of mokopuna being environmentally restrained. The leave process<sup>27</sup> also supports the opportunity for voluntary patients to leave the facility.

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<sup>27</sup> Voluntary patients leave (accompanied and unaccompanied) is based on risk assessment and can be facilitated by staff and approved family and friends.

The Children's Commissioner is concerned that staff shortages are impacting the rights of voluntary patients who depend on staff for accompanied leave. If mokopuna cannot take this leave it impinges on mokopuna rights under The Code - Right 1 (3) (b) and Right 4 (3), (4)<sup>28</sup>. Ensuring all mokopuna rights when in places of detention was also raised as a concern within the UN Concluding Observations.<sup>29</sup>

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<sup>28</sup> <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

<sup>29</sup> CRC/C/NZL/CO/6

## Issues and Concerns

In addition to the monitoring of the progress of recommendations, staff and mokopuna discussed other issues with the OCC that are worth noting within this report.

### Staffing

#### Public perception of previous OPCAT reports

Despite the last two OPCAT reports not finding any ill-treatment or punishment occurring at Rangatahi, media articles published after the last two visits have had a negative impact on staff recruitment. Staff told OCC that staff had resigned after the 2022 report and concerns were expressed by whānau when exploring options for inpatient care for their mokopuna.

OCC encourage Te Whatu Ora to share the reports with staff and have open discussions regarding the findings. OCC emphasised that the reports are made public to highlight good practice as well as opportunities where practice can be improved.

#### Recruitment and Retention

OCC saw good practice amongst the majority of staff with mokopuna on the unit. Mokopuna spoke positively about how the staff care for them and their whānau and the readiness of staff to support mokopuna on their journey to health. Mokopuna said they have good relationships with staff, and there is an emphasis on meeting their needs. However, staff often work additional hours to ensure there is a minimum number of staff to operate safely when caring for mokopuna.

Recruitment and retention of experienced staff remains a concern due to the direct impact on mokopuna wellbeing.

### Mokopuna stays can be too long

#### Limited community placements and community support.

Staff and some mokopuna spoke about some placements being inappropriate and the duration of their stay being too long. Some mokopuna told OCC that it was starting to feel like a prison. Staff identified mokopuna who are ready to transition to community and that they had already been in Rangatahi longer than necessary. The reason mokopuna transitions were often stalled is due to a lack of community support and suitable placements.

Several mokopuna in Rangatahi are in the custody of Oranga Tamariki. Rangatahi staff said that Oranga Tamariki often struggle with securing placements for mokopuna presenting with mental health and behavioural issues. Staff also mentioned mokopuna not in the custody of Oranga Tamariki are also finding it difficult to secure placements when whānau transitions are not appropriate.

Rangatahi staff support whānau to develop their skills and strategies to meet the needs of their mokopuna and connect them to what local community support is available. However, the Children's Commissioner is concerned that restrictive transition planning back into the community can lead to the institutionalisation of mokopuna, diminishing mokopuna mana motuhake<sup>30</sup>.

## Oranga Tamariki (OT) relationship with Rangatahi Unit needs support

Mokopuna in the care of OT and admitted into the unit do not always present as acutely unwell, but rather heavily trauma impacted with no transition community placement. The Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992 conclude that in order for mokopuna to stay in the inpatient unit, mokopuna had to have a degree of 'abnormal state of mind'<sup>31</sup>. Some staff questioned whether some mokopuna met the threshold for inpatient treatment and instead thought these mokopuna could be treated in the community. Staff gave examples of mokopuna who fell below the threshold but were admitted to the unit mimicking the behaviours of other mokopuna who are acutely unwell. This impacts negatively to the dynamics of the unit, and on the treatment and rights of some mokopuna.

Oranga Tamariki need to do better for mokopuna in secure mental health facilities. Social workers need to directly engage with mokopuna for updates on their care plans, attend MDT<sup>32</sup> meetings and visit mokopuna regularly. District Inspectors<sup>33</sup> reported that an informal patient was in Rangatahi for 100 days awaiting an Oranga Tamariki placement. Whilst Te Whatu Ora and Oranga Tamariki are looking to build relationships and explore options for suitable long-term placements, the Children's Commissioner challenges both organisations to do better for mokopuna in care and source solutions for mokopuna so they don't languish in places that cannot meet their needs.

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<sup>30</sup> Te Tiriti o Waitangi Article 2.

<sup>31</sup> In Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992 it states, "The interpretation of 'mental disorder' has two limbs. First, a person must be assessed as having an 'abnormal state of mind (whether of a continuous or intermittent nature), characterised by delusions, disorders of mood, perception volition (ability to make choices) or cognition (understanding)'. Second, the 'abnormal state of mind' must be 'of such a degree that it – (a) poses a serious danger to the health or safety of that person or of others; or (b) seriously diminishes the capacity of that person to take care of himself or herself.'" (Pg 5, Guidelines to the Mental Health (Compulsory Assessment and Treatment) Act 1992) <https://www.health.govt.nz/publication/guidelines-mental-health-compulsory-assessment-and-treatment-act-1992>

<sup>32</sup> A multidisciplinary team or MDT is a diverse group of professionals working together

<sup>33</sup> District inspectors' provide an important safeguard for people who have concerns about compulsory care or treatment.

# Appendix

## Gathering information

We gather a range of information and evidence to support our analysis and develop our findings in our report. These collectively form the basis of our recommendations.

Method	Role
Informal discussions with mokopuna	
Interviews and informal discussions with Te Au rere staff	<ul style="list-style-type: none"> <li>• Operational Manager</li> <li>• Team Leader</li> <li>• CNS</li> <li>• Shift lead</li> <li>• Senior Nurses</li> <li>• Mental Health Support Workers</li> <li>• Psychiatrists</li> <li>• Senior Psychologist</li> <li>• Cultural supervisors</li> <li>• Health and Safety representative</li> <li>• Social Worker</li> </ul>
Documentation	<ul style="list-style-type: none"> <li>• Seclusion and restraints data (April 2022 – March 2023)</li> <li>• Medication error data (April 2022 – March 2023)</li> <li>• Staffing and staff vacancy data (April 2022 – March 2023)</li> <li>• Daily logs</li> <li>• Personal folders</li> <li>• Reportable events data (Jan – Mar 2023)</li> <li>• SOSHI reports</li> <li>• Rangatahi Report 2022</li> </ul>
Observations	<ul style="list-style-type: none"> <li>• Unit routines</li> <li>• Mokopuna engagement with staff and each other</li> <li>• Mealtimes</li> <li>• MDT</li> <li>• Internal and external environment</li> </ul>